

NOTICE OF FEE DUE

DATE: 12-06-05

TO: JFW

FROM: Office of Initial Patent Examination

SUBJECT: Fee Due

APPLICATION NUMBER 10661410

A fee is due for the attached document submitted to the U.S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorizations to charge a deposit account if an authorization is present, please charge the Appropriate Fee. If and authorization is not present, notify the applicant of the fee deficiency.

- ☐ Insufficient fee by check
- ☒ Insufficient funds in deposit amount
- ☐ Insufficient by Credit Card
- ☐ Declined credit card
- ☐ Non-authorization for charge to deposit account
- ☐ No fee submitted per requirement

The correct fee code: _____

Amount \$ _____

The suspended fee code: 1999

Amount \$ 177 (180)

The suspended 1622

Amount \$ _____

The suspended 2622

Amount \$ _____

Fee Due

\$ 3

Terminal Operator

Leth

Deposit Account Maintenance

Deposit Account Window Help



Deposit Account

Number: 502317

Balance Amount: .00

Holder

Name: ADVANCED MEDICAL OPTICS, INC



Address

Attention:

Street:

1700 E. ST. ANDREW PLACE

Province:

City:

SANTA ANA

State:

CA

Postal Code: 92799-5162

Country:

US

Telephone:

714-247-8200

Fax: 714-247-8679

Details

Category Code:

NONGOVNMNT

Type: REGULAR

Notification Amt:

0.00

Status

Access Code:

☒ Active

☐ Closed

SSITHIB1

12/06/2005